HIV in Specific Populations

HIV and Gay Men

In 1981, AIDS was first identified in a small group of gay men in Los Angeles. Since then, men who have sex with men have borne the brunt of the national epidemic, making up a majority of the estimated 1.2 million people living with HIV in the United States. This epidemiological category includes gay, bisexual, same-gender-loving and two-spirit men as well as those who have male sex partners but identify as heterosexual or straight.

In 2023, two thirds of the 39,000 people newly diagnosed with HIV were gay and bi men, according to the Centers for Disease Control and Prevention (CDC). This differs from the global picture, as women and girls accounted for just over half of all people living with HIV and 45% of those newly diagnosed with HIV worldwide in 2024, according to UNAIDS.

HIV incidence (new cases) among gay and bi men in the United States has declined in recent years, but the risk varies considerably by race/ethnicity and geography. In 2023, Black men accounted for the largest proportion of new diagnoses among men who have sex with men ages 13 to 24 (47%), but Latino men made up the largest proportion of those older than 24 (40%). While cities such as New York, Los Angeles and San Francisco were early epicenters of HIV and AIDS, the epidemic has increasingly shifted to the South, now home to half of newly diagnosed gay and bi men.

HIV Prevention

Most gay and bi men know about pre-exposure prophylaxis (PrEP), which reduces the risk of HIV acquisition via sex by around 99% if used consistently. Along with using condoms and not sharing drug injection equipment, PrEP is a highly effective tool for preventing HIV. However, PrEP uptake has been substantially lower among Black and Latino men compared with their white peers.

Four PrEP options are approved for cisgender male adults and adolescents who have sex with men: two daily pills, Truvada (tenofovir disoproxil fumarate/emtricitabine) and Descovy (tenofovir alafenamide/emtricitabine), and two long-acting injectables, Apretude (cabotegravir) and Yeztugo (lenacapavir). Truvada may also be taken “on demand” before and after sex. Clinical trials have shown that all these options are safe and effective for this population.

Care and Treatment

With good care and prompt treatment, people with HIV can live long, healthy lives. Overall, gay and bisexual men have higher rates of HIV testing, prompt entry into care, use of antiretroviral

therapy and viral suppression compared with other groups. In 2023, 84% of men who have sex with men were linked to HIV medical care within one month after diagnosis, and 73% achieved an undetectable viral load within six months, according to the CDC. Disparities have decreased in recent years, but Black men and those living in the South are still less likely to receive appropriate care.

HIV testing is important because people who know they are positive can start antiretroviral treatment, which both halts disease progression and prevents HIV transmission because people with an undetectable viral load do not transmit the virus through sex.

Since gay and bi men had the heaviest burden of HIV during the early epidemic, many are long-term survivors. Nationwide, more than half of people living with HIV are ages 50 or older, and around 15% are ages 65 or older. People aging with HIV face some special challenges, including comorbidities and isolation.

Compared with their HIV-negative peers, HIV-positive people are at greater risk for other health conditions, such as such as cardiovascular disease, kidney disease and liver disease. To lower your risk, eat a healthy diet, get enough exercise, curb unhealthy habits, such as smoking or drinking too much, and see your health care providers regularly. It’s important to discuss not only HIV treatment but also your overall health, sexual health and concerns about aging.

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